



Week of June 24– June 28, 2013

NDOH

Quick Reference

AN EFFORT TO PROVIDE INFORMATION AND GUIDANCE

The Nebraska Department of Insurance Federally Facilitated Exchange Highlights weekly website page serves general information purposes, it may be subject to change at any time without prior notice.

Weekly Calls and Webinar Schedules

- ◆ **Monday June 24**
- ◆ **Tuesday June 25**
- ◆ **Wednesday June 26**
- ◆ **Thursday June 27**
- ◆ **Friday June 28**



Items of Interest



FAQ's and Q & A's

- ◆ [QHP FAQs Technical Guidance for SHOP](#)
- ◆ <http://www.doi.nebraska.gov/aca/companies/ffm/index.html>

Links to Resources and Rules

Market Reforms

Fact Sheet: <http://cciio.cms.gov/resources/factsheets/marketreforms-2-22-2013.html>

Final Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-28428_PI.pdf

Technical fact sheet on market reforms: <http://cciio.cms.gov/resources/files/market-rules-nprm-technical-summary-11-20-2012.pdf>

Technical fact sheet on rate review provisions: <http://cciio.cms.gov/resources/files/market-rule-nprm-err-technical-summary-11-20-2012.pdf>

Essential Health Benefits

Fact Sheet: <http://cciio.cms.gov/resources/factsheets/ehb-2-20-2013.html>

Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-28362_PI.pdf

AV Calculator: <http://cciio.cms.gov/resources/regulations/index.html#pm>

EHB Benchmark info: <http://cciio.cms.gov/resources/data/ehb.html>

Recognition of Entities for Accreditation Notice

http://www.ofr.gov/OFRUpload/OFRData/2012-28440_PI.pdf

Wellness

Fact Sheet: <http://www.healthcare.gov/news/factsheets/2012/11/wellness11202012a.html>

Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-28361_PI.pdf

PRA Packages

<http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>

HealthCare.gov Blog

<http://www.healthcare.gov/blog/2012/11/marketrules112012.html>

Qualified Health Plan (QHP) Webinar Series

Frequently Asked Questions

Frequently Asked Questions (FAQs)

Release Date: June 20, 2013

Technical Guidance for SHOP

Companion Guide / Scenario Questions

Q1: The enrollment scenarios shown during the webinar were dated the end of October 2012. Should we expect updated scenarios in the new version of the Enrollment Companion Guide?

A1: The set of scenarios, which describe the many enrollment variations for enrollees, such as initial enrollments, terminations, changes, and cancellations in the Federally-facilitated SHOP (FF- SHOP) are a development, training and testing tool. While the scenarios will not be included in the Enrollment Companion Guide, they are being updated, and will be made available in our issuer resource sites soon. These sites may include www.REGTAP.Inf, the zONE or the CCIIO website.

Q2: Do the enrollment scenarios provided include all requirements for the issuers in terms of handling enrollment? If not, can we get all of the requirements and edits from the Companion Guide?

A2: No, the enrollment scenarios do not provide all the requirements for issuers to handle every enrollment situation. Furthermore, the purpose of the Companion Guide is to assist issuers to successfully send a compliant 834 enrollment transaction when used in conjunction with the ASC X12 834 Benefit Enrollment and Maintenance Transaction Implementation Guide/ TR3 Version 5010. The Companion Guide provides specific rules for certain fields and data elements so that the 834 enrollment transaction can be used in the Marketplace, whether for individual or SHOP enrollment.

Q3: We were informed that there was a new version of the FFM Enrollment Companion Guide. We had received previously (v1.0 with an issue date of 1/31/13). What is the most current version of the document and where can it be found?

A3: The current version of the Enrollment Transaction Companion Guide can be found on the CCIIO website at: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/companion-guide-for-ffe-enrollment-transaction-v15.pdf>.

Q4: Will you be releasing a SHOP-specific 834 Companion Guide?

A4: No, the Enrollment Companion Guide includes individual and SHOP instructions

Billing Questions

Q5: Will the Marketplace set an invoicing date with which all issuers can synchronize?

A5: In 2014 the FF-SHOP will not establish a required date for issuers to invoice employer groups. Beginning with plan years on and after January 1, 2015, the FF-SHOP intends to invoice groups on the 10th of the month before a coverage month begins. In the first year of the program, the FF-SHOP will not establish a required date for issuers to invoice employer groups.

Q6: Will billing address and contact information for the employer be included in the group enrollment file?

A6: Yes, employer contact information, such as billing address, will be included in the group enrollment file from the FF-SHOP.

Q7: Some groups request that employees be split, for example by plant location, and bills be sent directly to the plant location for a subset of employees. What will be allowed in the FF-SHOP?

A7: Employers can enroll in 1 SHOP per State, and the ratings will be based on the location of a company's primary business address in a State, and only 1 mailing address will be collected and sent to issuers.

Q8: Will there be a version of the X12 820 transaction with premium information sent to issuers by the FF-SHOP?

A8: In the first year of the program (2014), there will not be any premium payment transaction reporting done with the FF-SHOP. However, when the premium aggregation program becomes available in the FF-SHOP, we anticipate using an X12 820 transaction to communicate information about premium payments.

Q9: Please explain the process to cancel groups that decide to terminate coverage prior to the enrollment effective date and before the end of the open enrollment period?

A9: If a group decides to cancel coverage prior to an effective date, the FF-SHOP will send an 834 enrollment transaction terminating coverage for the group and associated employees. Employers can make termination requests online at the FF-SHOP site or through the FF-SHOP call center.

Q10: Are issuers required to support online payments?

A10: In 2014 when issuers are billing employer groups and collecting premium payments, issuers are not required to support on-line payments, but they are permitted to offer the option of on-line, electronic payments. Employers will be redirected from the FF-SHOP website to the issuer's website to make the initial premium payment. If an issuer does not provide online (electronic) payment capability, the issuer should provide instructions for how the premium payment is to be made.

Q11: Are issuers required to cover groups for 30 days if no payment is received from the group?

A11: An issuer will not be expected to cover a group for 30 days if an initial payment is not received by the coverage effective date.

Q12: How long does an employer have to "make payment" prior to effectuation?

A12: Employers are expected to make their full monthly payment prior to the initial coverage effective date. After the initial enrollment, standard grace periods allowed by state regulation will apply.

Q13: What is the SHOP payment grace period?

A13: In 2014, a FF-SHOP issuer is expected to comply with allowable state regulations pertaining to grace periods. In 2015 when multiple issuers will be available to a small businesses participating in the FF-SHOP and when the FF-SHOP will be billing and remitting payments received to issuers, there is a need to standardize grace periods across issuers based on allowable state regulations. The FF-SHOP is planning to have a 31 day grace period--unless a state's regulation requires a longer period.

Q14: In 45 CFR 156.270 of the Exchange Final Rule, it states that the QHP issuer is responsible for sending the enrollee a notice of termination of coverage that includes the reason for termination at least 30 days prior to the last day of coverage. Within the 834 Enrollment Companion Guide, it does not specify the codes that the FFE will transmit in the 2000 Loop INS04. Will the FFE establish standard codes that will be transmitted for the termination reason? Will these codes be included in the next version of the companion guide?

A14: Yes, the FFM will identify the codes for termination reasons, and will include these in future versions of the Companion Guide. Please check the CCIIO website at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/companion-guide-for-ffe-enrollment-transaction-v15.pdf> for the most recent copy of the Companion Guide.

Q15: Will the FF-SHOP send 834 enrollment transactions prior to the issuer effectuating the group?

A15: Yes, the FF-SHOP will send 834 enrollment transactions to the issuer prior to effectuation of groups in the FF-SHOP.

Q16: Will issuers be required to effectuate the group for year 1 and re-evaluate their enrollment for year 2?

A16: The FF-SHOP makes all eligibility determinations and will pass this information on to participating QHP issuers. Similarly, annual renewals will be facilitated by the FF-SHOP.

Q17: Will the marketplace enforce a minimum group size? For example, we cannot underwrite an Employer with less than 10 employees (by state statute) irrespective of the participation rate.

A17: Our final regulations do not give us authority to enforce a minimum group size. However, as established in the Final Payment Notice, we are enforcing a 70% default minimum participation rate for the FF-SHOP. See § 155.705(b)(10)(i).

Q18: What is the expected turnaround time from submission of group information to the issuer to group enrollment?

A18: Group information will be submitted to the issuer two weeks before the effective date of coverage for the FF-SHOP.

Q19: We assume now that issuers are responsible for billing and they will also be responsible for administering delinquency notices per existing state guidelines and will only notify the FFM of terminations for non-payment of premium. Please confirm or correct.

A19: As finalized in the SHOP Rule published on June 4, 2013, these assumptions are correct.

Q20: Please explain how the group renewal process will work.

A20: 90 days prior to the end of a plan year, the FF-SHOP will send out a notice to employers to renew coverage and obtain employee commitments for the next 12 months. Employers will have 30 days to make election decisions and employees will have 30 days to elect coverage and choose a QHP (including the choice to remain with the same QHP).

Q21: Is there a separate 834 enrollment transaction for each Employer?

A21: Yes, there is a separate group enrollment transaction per employer.

Q22: In the group file request and response, the plan max occurrence is “N”. Are we getting multiple QHPs in one file or one QHP in one request?

A22: The group enrollment file is employer and issuer specific and supports multiple plans from a single issuer. As finalized in the SHOP Rule published on June 4, 2013, for coverage beginning before January 1, 2015, issuers will receive only one QHP per group file.

- Q23: When we send an 834 enrollment transaction to cancel coverage due to non-payment, do we send a cancellation for each member?**
- A23: Cancellations for non-payment affect the entire enrollment group, or all of the individuals covered through, and paid for by the same subscriber. The members were likely enrolled as an enrollment group within a transaction. Therefore, the issuer will send a cancellation transaction of that enrollment group, in one transaction.
- Q24: If the QHP selected does not include pediatric dental, would a qualified dental plan be selected as well?**
- A24: Employers will be able to select and offer employees and their dependents a stand-alone dental plan through the FF-SHOP. If a QHP selected by an employer does not include pediatric dental, the employer will be notified they are not offering pediatric dental and be given the opportunity to choose a QHP with pediatric dental or offer a stand-alone dental plan.
- Q25: If a subscriber already has insurance as a dependent, are they still eligible to obtain additional insurance via the FF-SHOP?**
- A25: Yes, if an individual has insurance as a dependent, but is also eligible to obtain insurance through the SHOP, s/he may obtain additional insurance through the FF-SHOP. In this scenario, insurance industry coordination of benefits rules in a State would apply.
- Q26: If a QHP is added to a group in a subsequent group enrollment file, do you expect the original issuer group ID or a new one?**
- A26: For the FF-SHOP, the decision to use original issuer identifiers or new identifiers in future group enrollment files is based on the issuer's preferences for maintaining continuity and tracking purposes. Any new numbers will need to be cross walked to the original number for reporting purposes, so issuers will need to be prepared to report on original identifiers as well as new ones, and to be able to link those numbers for purposes of reporting and tracking.
- Q27: How will we be notified of group size and employee status (retired, etc.) to effectively process Medicare?**
- A27: We expect to provide information about group size and employee status in the group enrollment file and 834 enrollment file transfers.
- Q28: Issuers need more clarification about the group information being sent using 834 (since 834s are for membership, not group). Is there a companion guide or something that defines what segments/loops are going to be used to communicate group data?**
- A28: CMS has provided information about the enrollment transaction, its contents, format and data elements through a variety of webinars and issuer calls. An updated version of the Group Enrollment File is being prepared and will be sent to issuers by late June or early July.
- Q29: Will there be additional information available regarding ongoing group enrollment maintenance during the plan year? Specifically, how will changes to enrollment (new hires/terminations, etc.) be handled?**
- A29: Information included in the initial group enrollment may be updated during the year. Changes to enrollment and other member-level changes will be handled through the 834 enrollment transaction.
- Q30: Does an issuer ever receive a copy of the group application submitted to the FF-SHOP?**
- A30: Group enrollment information will be sent to the issuer prior to the coverage effective date, but the issuer does not receive a copy of an employer's group application.
- Q31: How will an Issuer know how many people are enrolled in a group? We need this information in order to determine whether or not a small group has paid in full.**
- A31: Premium information for each employee associated with a group will be sent to issuers on a regular basis via 834 enrollment transactions.

- Q32: Has there been a decision regarding how COBRA will be administered? When will a group need to submit payment for COBRA enrollees?**
- A32: Employees eligible for COBRA may enroll at the time of initial enrollment and throughout the year for groups participating in the FF-SHOP. Full payment is expected for the entire group, including COBRA payments, at the time of initial enrollment and before the end of applicable grace periods each month.
- Q33: For the reconciliation of the premiums in the 834 enrollment transaction and the payments by the groups, how does CMS expect issuers to communicate this information back to the FFM? Is there a specific format?**
- A33: CMS recently awarded the contract for the reconciliation scope of work. Details regarding the reporting, communication between issuers and CMS, discrepancy reports, report formats and many other details are under development. As details become available, they will be shared with issuers through regular channels.

Broker Questions

- Q34: How will the SHOP know if a Broker is appointed?**
- A34: The FF-SHOP will pass broker identifying information to issuers on the group enrollment file. Issuers are expected to confirm appointments before paying commissions.
- Q35: Will the TIN Identification number be used as the Broker ID or will it be the Contact ID?**
- A35: At minimum, the FF-SHOP will capture a broker's name and National Producer Number and transmit this identifying information to issuers on the group enrollment file.
- Q36: Assuming a broker does not have a Tax ID Number (TIN), would you be sending a Social Security Number (SSN) in an application?**
- A36: Consistent with the model SHOP employer application (OMB Control No. 0938-1193), the FF-SHOP will pass a TIN number if one is entered by the broker, and will pass a SSN if that is what the broker enters into this field instead.
- Q37: Please clarify what broker (and Agency) information will be included in files sent to the issuer. In order to efficiently process commissions, it is very important to have, at least, broker SSN, broker name, and Agency (Payee) TIN.**
- A37: Issuers will be sent a broker's name, National Producer Number, SSN or TIN, and contact Information when these are provided on an employer's FF-SHOP application.

Other

- Q38: Will issuers receive a sample 834 file? And when will they be available?**
- A38: Yes, sample 834 files will be made available through the testing and EDI work groups. For details about these groups and to participate in testing, contact the Help Desk at cms_feps@cms.hhs.gov.
- Q39: How is the exchange going to validate that all eligible employees have been offered coverage and are participating in SHOP?**
- A39: The FF-SHOP is considering conducting audits to validate information on employer and employee applications.
- Q40: Can you clarify what an "issuer group" is with regards to having to apply for certification in the SHOP?**
- A40: Issuer group means all entities treated under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 as a member of the same controlled group of corporations as (or under common control with) a health insurance issuer, or issuers affiliated by the common use of a nationally licensed service mark.

Administrative Questions

Q41: How can issuers get a copy of the SHOP presentation materials or other CCIIO presentations?

A41: Presentations from the CCIIO webinars are available in the resource section of the REGTAP website – www.REGTAP.info

Q42: Where can issuers obtain SHOP enrollment scenarios?

A42: The enrollment scenarios, which describe different enrollment related situations for enrollees, including initial enrollment, terminations, changes and cancellations in the FF-SHOP, are being updated. These will be made available on various issuer resource site channels when the revisions are complete.